

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBJECT IN DISCUSSION

#21

LEASE NO.
10-111111
IF INDIAN, ALLEGE NAME

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL OIL WELL ☐ GAS WELL ☐ DRY ☐ Other _____	7. UNIT AGREEMENT, NAME _____
2. TYPE OF COMPLETION: WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☒ Other _____	8. FARM OR LEASE NAME _____
3. NAME OF OPERATOR OIL COMPANY	9. WELL NO. 21
4. ADDRESS OF OPERATOR PO BOX 249, LOANS, NEW MEXICO 88240	10. FIELD AND POOL OR RESERVOIR JULIA, TOWN
5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At 2080' FSL & 1980' FFL, SECTION 24 At top prod. interval reported below At total depth	11. SEC. T. R. M. OR BLM. SURVEY OR AREA SECTION: 24, 28S, 10E
12. COUNTY OR PARISH LEA	13. STATE NEW MEXICO
14. PERMIT NO. 30-025-11743	15. DATE ISSUED
16. DATE T.D. REACHED 8-31-76	17. DATE COMPL. (Ready to prod.)
18. ELEVATIONS (OF, RKB, RT, GR, ETC.)* 3084 D.T.	19. ELEV. CASINGHEAD
20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD
22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY
24. PROD. INTERVALS, OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5643-5848' - TUBE DRINKARD	25. WAS DIRECT SURVEY MADE
26. TYPE ELECTRIC AND OTHER LOGS RUN GR - 5000-5100'	27. WAS WELL CORED

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PERMITTED
12-5/8	36	536	17-1/4	550	---
8-5/8	32.3	3323	12-1/4	1100	---
7	23	7549	8-3/4	500	---

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2"	5740'	

PERFORATION RECORD (Interval, size and number)		ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
5643-5848-	21 HOLES	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MAT.
		5643-5842	5000 gal. 15% HCl
			40 Ball Sealers.

33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) SWABEND DRY, NO OIL OR GAS				WELL STATUS (Producing or Shut-in)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS							

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

C.L. 1000:

SIGNED:

TITLE AREA SUPERINTENDENT

DATE 9-14-76

*(See Instructions and Spaces for Additional Data on Reverse Side)